NEW YORK STATE | Office for People With Developmental Disabilities

PATHWAY TO EMPLOYMENT

Request to Waive the Pathway to Employment Community Based Vocational Experience Requirements

- Individuals who receive 100 or more hours of Pathway to Employment services must participate in at least three (3) different Community-Based Vocational Experiences (CVE).
- If a service provider delivers 100 or more hours of Pathway to Employment services, then upon disenrollment from the service, no less than 30% of service delivery hours must have been spent providing CVE's.
- If a service provider needs additional days and/or hours to meet the requirements, they may Request to Bill Additional Pathway to Employment Services.
- If the requirement for number of hours and/or number of experiences cannot be met due to extenuating circumstances, the service provider must submit this form.
- If fewer than 100 hours of Pathway to Employment services were delivered at the time of disenrollment, the provider is not subject to the CVE requirements.

Supervisors must submit this form to employment.vocational.services@opwdd.ny.gov.

Pathway to Employment Provider Agency:

Agency Requesting Waiver:_____

Agency Provider Code:_____ DDRO: Select One

Director Name:_____ Director E-mail:_____

Individual Information:

First Name:_____ Last Name:_____ TABS ID:_____

List all start and end enrollment dates and hours billed for this individual (*in CHOICES*)

Start Date	End Date	Agency	Number of Hours Billed

Total Number of Service Hours Provided by the Current Provider _____ 30% of Total Hours _____

Total Hours of Community Based Vocational Experiences by the Current Provider _____

Total Number of Community Based Vocational Experiences by the Current Provider _____

Report Status ☐ Fully Completed ☐ Partially Completed

Were sufficient activities completed to yield a final recommendation? ☐ Yes ☐ No

Dis-enrollment date from CHOICES (or anticipated date)
prior to submission of Career, Vocational and Transition Plan _____

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**Must Check At Least One*

Request to Waive ☐ **30% Requirement** ☐ **At Least 3 Different Experiences Requirement**

Describe the circumstances preventing the service provider from fulfilling the requirements.

Summarize the Pathway to Employment Services provided

If the agency did not meet the requirements but was able to complete sufficient activities to yield a recommendation please describe next steps for the individual.

Submitted By (Name): _____

E- mail: _____ Date: _____

Return Processed Request to (Name): _____ **E-mail:** _____

For OPWDD Central Office Only: Date Request Received: _____

Approved (check one): ☐ **Yes** ☐ **No**

Reason if not approved: _____

OPWDD Signature: _____ Date Processed: _____